

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/09/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 294506		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/04/2008	
NAME OF PROVIDER OR SUPPLIER GOOD SHEPHERD HEALTH CARE LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 2451 S BUFFALO DRIVE, SUITE #100 LAS VEGAS, NV 89117			
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I 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of the recertification survey conducted on 9/4/08. The survey was conducted due to the facility's change of location.</p> <p>The census was 54. Ten active patient records and 3 discharged patient records were included in the sample size.</p> <p>The following Conditions of Participation were not met:</p> <p>CFR 486.56 Governing Body and Administration CFR 485.66 Utilization Review Committee</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p>			I 000			
I 505	<p>The following deficiencies were identified: 485.56 GOVERNING BODY AND ADMINISTRATION</p> <p>The facility must have a governing body that assumes full legal responsibility for establishing and implementing policies regarding the management and operation of the facility.</p> <p>This CONDITION is not met as evidenced by: Based on interview and document review, the facility failed to have a governing body that</p>			I 505			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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I 505	Continued From page 1 assumes full legal responsibility for establishing and implementing policies regarding the management and operation of the facility. The governing body failed to appoint an administrator who was responsible for the overall management of the facility under the authority delegated by the governing body (I505) and who implemented and enforced the facility's policies and procedures (I509); failed to prepare an institutional budget plan under the direction of the governing body, by a committee consisting of representatives of the governing body and the administrative staff (I516). The cumulative effect of these systemic problems resulted on the facility's inability to ensure the provision of quality health care.	I 505			
I 508	485.56(b)(1) ADMINISTRATOR The governing body must appoint an administrator who is responsible for the overall management of the facility under the authority delegated by the governing body. This STANDARD is not met as evidenced by: Based on interview and document review, the facility failed to ensure that the governing body appointed an administrator who is responsible for the overall management of the facility under the authority delegated by the governing body. Findings include: Interview/Document Review On 9/4/08, Employee #2 and #3 indicated that Employee #2 was the current administrator who had been appointed by the governing body in	I 508			

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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: 5VVZ11 Facility ID: NVS99900 If continuation sheet Page 3 of 15

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I 516	Continued From page 3 This STANDARD is not met as evidenced by: Based on document review, the facility failed to ensure that the institutional budget plan was prepared under the direction of the governing body. Findings include: Document Review The budget plans for 2007 and 2008 submitted by the facility 9/5/08 were not dated. There was no documented evidence that the budget plan was prepared under the direction of the governing body.	I 516			
I 535	485.58(b) PLAN OF TREATMENT For each patient, a physician must establish a plan of treatment before the facility initiates treatment. The plan of treatment must meet certain specified requirements. This STANDARD is not met as evidenced by: Based on record review, the facility failed to ensure the plan of treatment was established by a physician prior to the initiation of treatment of 2 of 10 active patients (Patient #5, #7). Findings include: Record Review	I 535			

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I 535	Continued From page 4 Patient #5 Patient #5 (onset date unknown) had diagnoses of Status Post Coronary Artery Bypass Graft (CABG), History Hypertension, Diabetes Mellitus, and Asthma, and Transient Atrial Fibrillation. There was a prescription by a physician for pulmonary rehabilitation dated 7/7/08 and treatment was started 7/11/08. As of 9/4/08, the treatment plan was not signed by the physician. Patient #7 Patient #7 (onset date: 7/7/08) had a prescription dated 6/7/08 for cardiac rehabilitation for Status Post Coronary Artery Bypass Graft. The Plan of Care/Treatment Plan for the period of 7/7/08 through 9/1/08 was signed, but not dated by the physician.	I 535			
I 546	485.58(d)(1) PROVISION OF SERVICES All patients must be referred to the facility by a physician who provides the following information to the facility before treatment is initiated: -The patient's significant medical history. -Current medical findings. -Diagnosis(es) and contraindications to any treatment modality. -Rehabilitation goals, if determined. This STANDARD is not met as evidenced by: Based on interview and record review, the facility	I 546			

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I 546	<p>Continued From page 5</p> <p>failed to ensure that 4 of 10 patient records included pertinent past or present medical information before treatment was initiated. (Patient #4, #6, #8, #9).</p> <p>Findings include:</p> <p>Document Review</p> <p>Patient #4</p> <p>Patient #4 (Onset date unavailable) had a prescription for pulmonary rehabilitation dated 6/11/08. There was no documented evidence of a history and physical examination in the chart.</p> <p>Patient #6</p> <p>Patient #6 (Onset date: 9/3/08): There was a prescription dated 7/22/08: "Severe COPD (Chronic Obstructive Pulmonary Disease), Pulmonary rehab (rehabilitation)." There was no documented evidence of a history and physical examination in the chart.</p> <p>Patient #8</p> <p>Patient #8 (Onset date: 7/14/08): There was no documented evidence of a history and physical examination in the chart.</p> <p>Patient #9</p> <p>Patient #9 (Onset date: 7/25/08): There was no documented evidence of a history and physical examination in the chart.</p> <p>Interview</p>	I 546			

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I 546	Continued From page 6 On 9/4/08 in the afternoon, Employee #3 indicated the following: - it was not the practice of the facility's medical director to ensure that a history and physical examination was completed for each patient prior to the onset of treatment. - there have been cases in which the history and physical examination was received after the onset of treatment. - the facility did not impose a time parameter regarding the date of the history and physical examination, "Just the most recent one."			I 546			
I 549	485.58(d)(4) PROVISION OF SERVICES The services must be furnished by personnel that meet the qualifications of §485.70 and the number of qualified personnel must be adequate for the volume and diversity of services offered. Personnel that do not meet the qualifications specified in §485.70 may be used by the facility in assisting qualified staff. When a qualified individual is assisted by these personnel, the qualified individual must be on the premises, and must instruct these personnel in appropriate patient care service techniques and retain responsibility for their activities. This STANDARD is not met as evidenced by: Based on interview, document review, and record review, the facility failed to ensure that adequate personnel was provided for the services offered for 6 of 10 active patients reviewed (#1, #2, #5, #6, #7, #10).			I 549			

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I 549	<p>Continued From page 7</p> <p>Findings include:</p> <p>Interview/Document Review</p> <p>On 9/4/08 in the morning, there was no documented evidence of a written staffing schedule. Employee #3 verified there was no written staffing schedule for the month of September, 2008.</p> <p>Employee #3 indicated it had been the practice of the facility that the social worker worked on Thursdays and Fridays of each week only. Employee #2 and #3 indicated the social worker was on an extended vacation and was not available at the time of the survey.</p> <p>Record Review</p> <p>Patient #1</p> <p>Patient #1 (Onset date: 5/1/08): The Communication Sheet contained in the patient's chart had the following entries indicating cancellation of treatments: 7/2/08: "Cancelled, no monitoring tech (technician)" 7/30/08: "Cancelled due to lack of monitoring tech."</p> <p>Patient #2</p> <p>Patient #2 (Onset date: 7/21/08): The Communication Sheet contained in the patient's chart had the following entry indicating a cancellation of a treatment: 7/30/08: "Cancelled due to lack of monitoring tech."</p>	I 549			

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I 549	<p>Continued From page 8</p> <p>There was a social worker's screening form completed and dated 7/25/08. The screening was not signed by a social worker.</p> <p>Patient #5</p> <p>Patient #5 (Onset date unknown): There was no documented evidence of a social worker's screening. There was an assessment form regarding social services which was blank.</p> <p>Patient #6</p> <p>Patient #6 (Onset date: 9/3/08): There was no documented evidence of a social worker's screening. There was an assessment form regarding social services which was blank.</p> <p>Patient #7</p> <p>Patient #7 (Onset date: 7/7/08): There was no documented evidence of a social worker's screening.</p> <p>Patient #10</p> <p>Patient #10 (Onset date: 8/4/08): The patient's chart included a checklist of social work services (support group, Medicare, medical services) signed and dated 8/4/08 by Patient #10 which stated, "Acceptance. Please schedule an appointment for me with the Licensed Clinical Social Worker. I would like to discuss those items I have checked above."</p> <p>There was no documented evidence that the facility's social worker met with the patient to provide information of the services.</p>	I 549			

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I 564	<p>485.60(a)(4) CONTENT</p> <p>The clinical record for each patient must contain pertinent medical history, past or present.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that 4 of 10 patient records included pertinent past or present medical information before treatment was initiated. (Patient #4, #6, #8, #9).</p> <p>Findings include:</p> <p>Document Review</p> <p>Patient #4</p> <p>Patient #4 (Onset date unavailable) had a prescription for pulmonary rehabilitation dated 6/11/08. There was no documented evidence of a history and physical examination in the chart.</p> <p>Patient #6</p> <p>Patient #6 (Onset date: 9/3/08): There was a prescription dated 7/22/08: "Severe COPD (Chronic Obstructive Pulmonary Disease), Pulmonary rehab (rehabilitation)." There was no documented evidence of a history and physical examination in the chart.</p> <p>Patient #8</p> <p>Patient #8 (Onset date: 7/14/08): There was no documented evidence of a history and physical examination in the chart.</p>	I 564			

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I 564	Continued From page 10 Patient #9 Patient #9 (Onset date: 7/25/08): There was no documented evidence of a history and physical examination in the chart. Interview On 9/4/08 in the afternoon, Employee #3 indicated the following: - it was not the practice of the facility's medical director to ensure that a history and physical examination was completed for each patient prior to the onset of treatment. - there have been cases in which the history and physical examination was received after the onset of treatment. - the facility did not impose a time parameter regarding the date of the history and physical examination, "Just the most recent one." On 9/4/08 in the afternoon, Employee #2 (the administrator) indicated that if the history and physical examination results was not available, the facility started treatment regardless.	I 564			
I 574	485.62(a)(3) SAFETY AND COMFORT OF PATIENTS A fire alarm system with local (in-house) capability must be functional, and where power is generated by electricity, an alternate power source with automatic triggering must be present. This STANDARD is not met as evidenced by:	I 574			

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I 574	Continued From page 11 Based on observation, the facility failed to provide a fire alarm system. Findings include: Observation On 9/4/08, there was no fire alarm system available in the facility.	I 574			
I 602	485.66 UTILIZATION REVIEW PLAN The facility must have in effect a written utilization review plan that is implemented at least each quarter to assess the necessity of services and promotes the most efficient use of services provided by the facility. This CONDITION is not met as evidenced by: Based on interview and document review, the facility failed to have in effect a written utilization review plan implemented at least quarterly to assess the necessity of services and to promote the most efficient use of services provided by the facility. Findings include: The facility failed to ensure there was a utilization review plan in place which contained certain specific written procedures for evaluation (I604); written procedures for evaluating admissions, continued care, and discharges using, at a minimum, the criteria established in the patient care policies (I605); written procedures for evaluating the applicability of the plan of treatment to established goals (I606; and written	I 602			

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I 602	Continued From page 12 procedures for evaluating the adequacy of the clinical records with regard to assessing the quality of services provided, and determining whether the facility's policies and clinical practices are compatible and promote appropriate and efficient utilization of services (I607). The cumulative effect of these systemic problems resulted on the facility's inability to ensure the provision of quality health care.	I 602			
I 604	485.66(b) UTILIZATION REVIEW PLAN The utilization review plan must contain certain specific written procedures for evaluation. This STANDARD is not met as evidenced by: Based on interview and document review, the facility failed to have a utilization review plan which contained certain specific written procedures for evaluation. Interview/Document Review On 9/4/08, Employee #3 stated there was no documented utilization review (UR) plan and there had been no UR done since January, 2007.	I 604			
I 605	485.66(b)(1) UTILIZATION REVIEW PLAN The utilization review plan must contain written procedures for evaluating admissions, continued care, and discharges using, at a minimum, the criteria established in the patient care policies.	I 605			

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I 605	Continued From page 13 This STANDARD is not met as evidenced by: Based on interview and document review, the facility failed to have a utilization review plan which contained written procedures for evaluating admissions, continued care, and discharges using, at a minimum, the criteria established in the patient care policies Interview/Document Review On 9/4/08, Employee #3 stated there was no documented utilization review (UR) plan and there had been no UR done since January, 2007.	I 605			
I 606	485.66(b)(2) UTILIZATION REVIEW PLAN The utilization review plan must contain written procedures for evaluating the applicability of the plan of treatment to established goals. This STANDARD is not met as evidenced by: Based on interview and document review, the facility failed to have a utilization review plan which contained written procedures for evaluating the applicability of the plan of treatment to established goals. Interview/Document Review On 9/4/08, Employee #3 stated there was no documented utilization review (UR) plan and there had been no UR done since January, 2007.	I 606			
I 607	485.66(b)(3) UTILIZATION REVIEW PLAN The utilization review plan must contain written procedures for evaluating the adequacy of the	I 607			

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I 607	<p>Continued From page 14</p> <p>clinical records with regard to assessing the quality of services provided, and determining whether the facility's policies and clinical practices are compatible and promote appropriate and efficient utilization of services.</p> <p>This STANDARD is not met as evidenced by: Based on interview and document review, the facility failed to have a utilization review plan which contained written procedures for evaluating the adequacy of the clinical records with regard to assessing the quality of services provided, and determining whether the facility's policies and clinical practices are compatible and promote appropriate and efficient utilization of services.</p> <p>Interview/Document Review</p> <p>On 9/4/08, Employee #3 stated there was no documented utilization review (UR) plan and there had been no UR done since January, 2007.</p>	I 607			